AMENDMENT OF SOLICITA	ATION/MODIFICATION	N OF CO	NTR	ACT	1. CONTRACT	ID CODE	PAGES OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE 4/20/05	4. REQU	4. REQUISITION/PURCHASE REQ. NO.			5. PROJECT NO. (If applicable)	
B. ISSUED BY:	CODE:	7. ADMIN	VISTER	ED BY (If ot	her than Item 6)	C	ODE:
Department of Veterans Affairs National Acquisition Center P.O. Box 76, Bldg. 37 Hines, IL 60141	L						
3. NAME AND ADDRESS OF CONTRACTOR (N	o., street, county, State and ZIP Co	ode)	(X)	9A. AMEN	IDMENT OF SC	LICITATIO	ON NO.
Claffin Company				9B. DATED (SEE ITEM 11)			
465 Warwick Industrial Drive				96. DATE	D (SEETTEM T	'/	
Warwick, RI 02886			<u> </u>	10A. MOE	DIFICATION OF	CONTRA	CT/ORDER NO.
			Х	V797P	-1070		
CODE FACILITY CO			10B. DATED (SEE ITEM 13) January 20, 2005				
1	ONLY APPLIES TO	AMEND	MEN	TS OF	SOLICIT	FATIO	N S
The above numbered solicitation is amended offers must acknowledge receipt of this amendment of the solicitation is amendment of the solicitation of the solicitation include the solicitation of the solicita	ent prior to the hour and date speci copies of the amendment; (b) E is a reference to the solicitation and THE RECEIPT OF OFFERS PRIO	fied in the solid By acknowledg d amendment in R TO THE HC	citation ing rec number OUR AN	or as ameno eipt of this a s. FAILURE D DATE SP	ded, by one of th mendment on ea E OF YOUR ACI ECIFIED MAY F	ach copy o KNOWLEI RESULT II	of the offer submitted; DGEMENT TO BE N REJECTION OF YOU
etter makes reference to the solicitation and this at	amendment, and is received prior to	o the opening	hour ar	id date spec	ified.		
13. THIS ITEM APPLI	ES ONLY TO MODI CONTRACT/ORDER						
A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authorit	ty) THE CHAN	GES S	ET FORTH I	N ITEM 14 ARE	MADE IN	THE CONTRACT
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORTH IN					MANGES (such	as cnang	es in paying office,
C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INTO PURSUAN	T TO AUTHOR	RITY OI	F:			
(FAR Clause 52.212-4 (c) "(Changes"						
D. OTHER (Specify type of modification	and authority)	· ·		<u></u>			
	s required to sign this document an						
4. DESCRIPTION OF AMENDMENT/MODIFICA MEDI	CAL/SURGICAL PRIME				ntract subject m	atter whei	re reasible.)
This modification is issued to modif Order cut-off time is changed from 2:00 noon (local time) remains un	12:00 Noon (local time)	to 10:30 a				ime of	
lo other changes							
xcept as provided herein, all terms and condition					······		
5A. NAME AND TITLE OF SIGNER (Type or prin	at)	16A. NAME	AND TI	TLE OF CO	NTRACTING O	FFICER (Type or print)
ne Marie Johnson	1.P. Admin.	900			, Contractin	g Office	
SB. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	130. UATE SIGNED 4/20/05	16B. UNITE	L	of Contract	$\leq \int_{\mathbb{R}^n} \mathbb{R}^n$		16C. DATE SIGNED

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STANDARD FORM 30 (REV. 10-83) Prescribed by GSA